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Date: Thu, 11 Aug 1994 15:54:50 -0400 (EDT)
Subject: Naval Service Medical News (NSMN) 94-30

R 110426Z AUG 94 ZYB
FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-30)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF
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MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED
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WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT
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2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: MED 52 Requests Your Assistance

BUMED Washington (NSMN) -- NAVADMIN 113/94 of 29 June 1994
announced new electronic processing procedures for submission of
unqualified resignations via the Diary Message Reporting System
(DMRS) from the Personnel Support Detachment to the Bureau of
Naval Personnel. This NAVADMIN did not address retirements,
however, it is our understanding that retirement actions are also
being processed via DMRS. While these new procedures facilitate
BUPERS personnel actions, they DO NOT provide timely notification
to MED 52, which must plan for personnel losses and gains. To
ensure accession pipelines are maintained to timely replace
losses, all manpower departments should submit to MED 52 copies
of all resignation and retirement requests for Medical Department
officers processed via the DMRS.

Story by CAPT L.O. Harmon, MSC

-USN-

HEADLINE: Navy Studies Focus on Women's Health Care Needs
NMRDC Bethesda, MD (NSMN) -- With the increasing number of

women serving in the Navy and Marine Corps, and with more women deploying to combat eligible assignments, questions concerning their health care needs are being investigated by the Naval Medical Research and Development Command (NMRDC).

NMRDC is currently managing two coordinated studies on the health care needs of military women who are deployed aboard ships. The first and larger study, conducted by the Naval Health Research Center, San Diego, is a three-pronged survey of women's health care aboard ship. The study will evaluate the training of deployed health care providers pertinent to the health care needs of military women; will determine what changes need to be made in Navy ship formularies (list of medicines with their formulas and directions for compounding) to provide better health care for women crew members; and will focus on the type of pre-deployment screening that should be done to lessen health-related problems during deployment.

A second, smaller study, conducted by the Clinical Investigation Department of Naval Medical Center Portsmouth, VA, focuses on defined health care needs.

Both studies meet specific requirements of the Operational Medicine and Fleet Support Division of the Bureau of Medicine and Surgery. Together, these two research studies will provide an overview of the status of health care for Navy women aboard ship and will serve as a basis for designing more comprehensive longitudinal research about trends in military women's health care.

Leading research by NMRDC, and additional research sponsored by the Defense Women's Health Research Program, will enhance the health, safety and performance of the entire Navy team.

Story by Doris Ryan, NMRDC

-USN-

HEADLINE: The Making of Art in Medicine

NMC Oakland, CA (NSMN) -- There is nothing that can replace an eye, or part of a face, when it is lost due to disease or injury. But Naval Medical Center Oakland's Maxillo-Facial Department of the Dental Annex creates prosthetics to help take away the appearance of that loss and, in some cases, can make all the difference to someone who has lost a part of their body.

Dental Annex's DT1 Laura Tooley remembers the first eye she made for a patient who had been wearing tape and sunglasses to cover up her lost eye. "When I finally placed the eye, she just started crying and gave me a hug," Tooley said.

"I can never make the perfect replacement compared to God's creation, but I can try," said Tooley, who is responsible for all maxillo-facial needs of the medical center's patients. The maxillo-facial area includes the upper jaw area of the face and cheek bones.

Tooley said the most difficult part of her job is that she is too much of a perfectionist. "It means a lot to me to do my best in helping to make the patient feel whole again," she said. It is a tall order to try to recreate a face, but many patients are grateful for the work that she does.

Another grateful patient came to Tooley wearing a patch that

covered his eye and a portion of his face. Tooley made him an eye with a partial face and he was able to stop wearing the uncomfortable patch he had worn for years. "He said people didn't even notice that the eye wasn't real," she said.

Since coming to the NMC Oakland two years ago from the Bethesda, MD, Navy School of Health Sciences where she received her training, Tooley has made many body parts: eyes of every color, custom-made tracheotomy tubes (an opening in the trachea through the neck to allow the passage of air), ears, faces, cranial plates and breast prostheses. When she is not making a specialized prosthesis, she works with the three other laboratory technicians in making crowns, dental implants and bridges, which are the bulk of the work done at the Dental Annex.

Tooley is one of only seven people in the Navy who do this specialized kind of work. There are currently only five hospitals that offer this particular care for Navy personnel and their family members. "My recruiter said my chances were slim to get the job, but I thought if it is meant to be, I will get it (the prosthesis job)," she said.

Since Oakland's Maxillo-Facial Department was established 49 years ago, the process for making the prosthesis has not changed much -- except for the materials. Prior to World War II, the material used was a special glass made in Germany but, because of the war, the glass was no longer available and plastics were used. Most of the prosthetics today are made of a fine particle and high luster plastic.

To make a prosthesis, a series of molds must be made from the area of the face or body to be replaced. Then, a white acrylic is poured into the mold and carefully painted to match the skin and eye color of the patient with acrylic paints. The fitting takes a lot of fine-tuning that requires good manual dexterity as well as good color perception and some sculptural ability, said Tooley. She added that "it's a skill either you have or your don't," explaining that even with artistic ability the skill has to be developed over time.

Tooley takes her job seriously and finds creative ways of making the prosthetics to look as near to reality as possible. "I was using the fake eyelashes, but didn't like the way they look, so now when I get my hair cut, I save it and use it for lashes," she said. Tooley tells her patients that they take a little bit of her with them that way.

The handiwork of nature will never be replicated perfectly either through artistic or scientific means. However, the work done in the Maxillo-Facial Department is proof of the valiant effort of restoring people's lives with good reproductions of nature's creation.

Story by Georgianna Lear

EDITORS NOTE: Photos are available. Contact NMC Oakland public affairs office, Andree Marechal-Workman, at (510) 633-5918 or DSN 828-5918.

-USN-

HEADLINE: U.S. VIP Program Ends 30 September

AFIS Washington (NSMN) -- U.S. VIP is the conversion

insurance program for separated service members and certain dependents who lose eligibility for military health care. DOD negotiated with Mutual of Omaha to provide U.S. VIP, which offers comprehensive coverage with costs borne by the policy holders.

By congressional direction, U.S. VIP will end on 30 September 1994. No new policy will be written after that date, but policies will remain in full effect until they expire. DOD will replace U.S. VIP with insurance administered through CHAMPUS.

Those eligible to enroll in U.S. VIP include separating members, their families, former spouses and children reaching age 21, or 23 if students. Military personnel offices should have brochures outlining the program, or you can contact Mutual of Omaha (Home Office), ATTN: U.S. VIP Department, Mutual of Omaha Plaza, Omaha, NE 68175; (402) 342-7600.

The Continued Health Care Benefit Program will replace U.S. VIP on 1 October 1994. Enrollees will be entitled to benefits of standard CHAMPUS and will use existing provider and claims processing networks for care. Former active duty members and their dependents will pay co-payments and deductibles at the same CHAMPUS rates as active duty dependents, while others will pay the same as retirees.

Congress required that the new program not charge premiums exceeding those for a comparable federal civilian health insurance program, plus 10 percent for administration. Enrollees will pay at least market rates for insurance, but will not be rejected on the basis of poor health.

Story by Evelyn D. Harris, American Forces Information Service

-USN-

HEADLINE: GEICO Military Service Awards Nominations Sought

NNS - NAVSAFECEN Norfolk, VA (NSMN) -- Nominations for the Government Employees Insurance Company (GEICO) Military Service Awards Program are now being accepted. The annual program honors one enlisted member from each military service for outstanding military or civilian service in one of three areas: drug and alcohol abuse prevention, fire safety and fire prevention, and traffic safety or traffic accident prevention.

Winners receive a plaque, a cash award of \$2,500 and are recognized at a special awards ceremony in Washington, DC. (Lodging and round-trip transportation for winners and their spouses are paid for by GEICO.) Last year's Navy winner was HMCM(SW) Patricia M. Johnson.

Commanders may forward one nomination in each category to Commander, Naval Safety Center (Code 423), 375 A St., Norfolk, VA 23511-4399. Nominations must reach the Naval Safety Center by close of business 1 October 1994. For more information, contact Mrs. Mary Brigham at (804) 444-1470/8184 or DSN 564-1470/8184. Story from NNS 045/94 of 27 July 1994

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HEADLINE: GRAND ROUND ABSTRACTS

TMU New Orleans (NSMN) -- Naval Hospital Oak Harbor, WA,

recently received its fourth consecutive "Certified Pipeline Mover" award from the Navy's Transient Monitoring Unit (TMU). The award signifies extraordinary efficiency in medical board processing procedures, management of limited duty personnel and prompt disposition or return of active duty personnel to their units.

To receive the Certified Pipeline Mover award, the facility must accomplish 90 percent of the job correctly 100 percent of the time.

While this is Naval Hospital Oakland's fourth consecutive CPM award, another naval hospital has been the only facility in recent history to ace every area of the inspection -- Naval Hospital Bremerton, WA, scored 100 percent correct 100 percent of the time. An all hands effort and Bremerton's executive officer, CAPT Bob Murphy, MC, are credited with the streamlining and daily reports that led to this impressive accomplishment.

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NAVHOSP Charleston, SC (NSMN) -- LT Anthony Fava, MC, recently received the American Medical Association Physician's Recognition Award in Continuing Medical Education with Special Commendation for Self Directed Learning. Fava is stationed at Naval Hospital Charleston's Naval Weapons Station Branch Clinic.

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NAVHOSP Charleston, SC (NSMN) -- Congratulations to LT Ron Gimbel, MSC, and LT Leo Kupper, MSC, who were recently advanced to Diplomate status in the American College of Healthcare Executives, an international professional society representing more than 28,000 health care executives.

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NNS London (NSMN) -- Three Naval Reservists on active duty in support of D-Day commemoration events in Portsmouth, England, were thanked 9 June by RADM David R. Morris, Deputy Commander in Chief, U.S. Naval Forces Europe, for performing life-saving first aid on a child badly injured in a grocery store.

HM1 Paige Rathbone, JO2 Lynne Gladstone and DP1 Shirley Stewart were picking up bottled water and juice for a sick shipmate 3 June at a store in Eastleigh, England.

Rathbone, a trauma nurse specialist at Chicago Osteopathic Hospital and Medical Center, was present when an out-of-control shopping cart hit a 3-year-old girl, slamming her to the concrete floor.

The child lost consciousness, stopped breathing and went into convulsions. Rathbone struggled to immobilize the girl and restore her breathing. Gladstone, a police officer in Englewood, NJ, cleared the area and secured it, while Stewart, a computer analyst from Bolingbrook, IL, directed the frantic store manager to call an ambulance. Stewart then posted a sentry outside to lead the emergency medical team in.

In a few minutes, the toddler regained consciousness. Grateful customers and the mother approached Rathbone, Gladstone and Stewart after things had calmed down. "She just kept

thanking us," Rathbone said. "I told her, everything's going to be OK."

More than one shopper was heard to remark: "Thank God the Yanks were here."

Morris awarded Rathbone the Navy Commendation Medal for Heroic Achievement. Gladstone and Stewart received Letters of Commendation.

Story reprinted from NNS 035/94

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HEADLINE: HEALTHWATCH: What to Do About a Fever

USNH Yokosuka, Japan (NSMN) -- Fever often occurs when people come in contact with other people with bacterial or viral infections. In most children with fever, either an identifiable cause can be found -- such as an infection or pneumonia -- or the fever goes away over a short period of time, as with a cold or the flu.

Definition: Although normal body temperature can vary quite a bit, rectal temperatures higher than 38 C or 100.4 F are generally abnormal. These numbers are used by most medical staff to determine whether your child has fever.

What to do: If you suspect that your child has a fever, first take his or her temperature using a standard thermometer. For small children and infants, a rectal thermometer is most accurate. For larger kids, oral or axillary temps may be used.

As a parent and a medical provider, I know how scary a fever can be. However, there are several things that you can do at home to help bring down temperatures and make your child more comfortable:

- Begin by undressing the child down to his/her undershirt and diaper/underpants. Bundling up the child only seals in the heat and keeps the temperature elevated.

- Give the child a tepid (slightly warm, but not hot) bath. Do not leave the child in the tub once he/she begins to shiver.

- Give the child Tylenol. Check the back label of the bottle for the appropriate dose before giving. Temptra and Paramol are common generic forms of acetaminophen liquid, which is what Tylenol is.

- Give your child plenty of fluids to drink. Fluids also help to bring a child's temperature down and help prevent dehydration.

When to consult the health care provider: Generally, we as health care providers feel that children should be seen if:

- The fever last longer than 48 hours, despite trying all of the things mentioned above.

- The temperature is above 103 F.

- The child is irritable and can't be calmed down or is lethargic (for example, won't play as he/she normally does).

- The child has stopped urinating or wetting diapers.

- The child exhibits any abnormal movement of arms and legs (like fever seizures).

- Finally, any child younger than 3 months with any fever of 100.4 or higher needs to be seen as soon as possible by a health care provider. Children this small have a difficult time

fighting infection. Therefore, it is absolutely necessary for children under 3 months to be thoroughly evaluated by a physician to determine the cause of their illness.

Certainly, if at any time you as a parent are concerned about the way your child is responding to a fever or illness, call either Pediatrics or the Emergency Room at your local medical treatment facility.

Story by Dr. Deborah K. Winburn

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 17-20 September 1994, Hospital Epidemiology Training Course, Chicago. For information, contact SHEA Meetings Department, 875 Kings Highway, Suite 200, Woodbury, NJ 08096-3172; (609) 845-1720.

-- 21-22 September 1994, Fourth Annual Symposium on Health Care Ethics, Naval Air Station Glenview, IL. Sponsored by NavHosp Great Lakes, Bioethics Committee. For information call CDR F.E. Rodriguez, NC, Bioethics Committee Chair, at (708) 688-5929, DSN 792-5929.

-- 1-5 October 1994, the Seventh Annual Surgeon General's Leaders' Conference, Reston Hyatt Town Center Hotel, Reston, VA. BUMED Washington message dtg 031500Z AUG 94 and article below have more details.

-- 17-28 October 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-- 13-18 November 1994, Association of Military Surgeons of the United States' Annual Meeting, "Unity Through Diversity," Orlando, FL, (301) 897-8800.

-- 20-24 March 1995, Shea-Arentzen Nursing Symposium 1995, "Navigating New Frontiers of Nursing Practice: The Challenges of Health Care Reform," La Jolla, CA. "Call for Papers" deadline is 1 September 1994. Contact CDR Chris Laurent, NC, or CDR Bill Aiken, NC, at DSN 522-6412 or (619) 532-6412 for more information.

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HEADLINE: SG's Leaders' Conference Set for October

BUMED Washington (NSMN) -- This year's combined flag and commanding officers' conference will be held at the Reston Hyatt Town Center Hotel in Reston, VA. The flag meeting will be 1 and 2 October. The commanding officers' conference will be held from 2 October to noon on 5 October, with a flag wrap-up session from 1200-1600 on 5 October.

Attendees are welcome to have their spouses accompany them, and there will be informational briefs that may be useful for spouses in their roles in the community.

Hotel reservations must be made by 16 September: call 1-800-233-1234 or (703) 709-1234 and indicate you are attending the Navy Surgeon General's conference. Also, please confirm your attendance, and your spouse's attendance, with CDR Tracy Malone, NC, USNR, MED 832, or LT Paul Henson, MSC, MED 833, at (202) 653-0101, DSN 294-0101, or e-mail nmc0tam@bumed10.med.navy.mil.

BUMED message dtg 031500Z AUG 94 has more information, including additional schedule details, transportation information and uniform requirements.

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4. Month of August observations and events occurring 15-31 AUG:
AUGUST

National Head Lice Prevention Month (National Pediculosis Association, 1-800-446-4NPA or 617/449-NITS)

15 August: DC DUINS Board Convenes
15 August: Active O-3 MC, DC, MSC, NC Boards Convene
16 August: VOTE! Wyoming Primary
18 August: National Medical Dosimetrist Day (309/343-1202)
19 August 1916: Naval Reserve Force established
22 August 1912: Navy Dental Corps Birthday
23 August 1914: Japan Declares War on Germany
23 August: VOTE! Alaska and Oklahoma Primaries
25 August 1944: U.S. troops free Paris
28 August 1994: Armed Forces Voters Week begins
31 August: O-5 Fitness Reports Due

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HEADLINE: CORRECTION: POW/MIA Recognition Day

BUMED Washington (NSMN) -- Last week's message, which included the two-month calendar of events, gave the wrong day for this year's POW/MIA Recognition Day. It will be observed on 16 September 1994.

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HEADLINE: Deadline for OCONUS Absentee Voters is 15 AUG

CNO Washington (NSMN) -- The Secretary of Defense has designated the week of 28 August as Armed Forces Voters Week. During that week, commanders and commanding officers should make a special effort to promote voting programs. Emphasis should be placed on encouraging military members and their eligible family members to register using the Federal Post Card Application (FPCA) and to vote in the general election on 8 November. Civilian employees are also strongly encouraged to register and vote.

"Whether they vote through an absentee ballot or at the booth," said Chief of Naval Personnel VADM Skip Bowman, "everyone's vote counts. The vote is one of the rights and responsibilities we share as American citizens."

To ensure eligible voters receive an absentee ballot in time to vote in the general election, voters at overseas commands and deployed units must mail the FPCA by 15 August. CONUS-based voters must mail the FPCA by 15 September.

Some states require a request for each election. Even if a

voter has checked block 7.D, "All Elections if Permitted by State Law," on an earlier FPCA, another FPCA must be submitted for the general election in the following states/territories: American Samoa, Connecticut, Kentucky, New Mexico, Pennsylvania and Puerto Rico. Vermont requires a separate FPCA for special elections only. Chapter 3 of the Voting Assistance Guide (VAG) gives specific details.

The Federal Write-in Absentee Ballot (FWAB) may be used in the general election for federal offices (president/vice president, U.S. Senator, and U.S. Representative/Delegate) by overseas voters who make timely application for, but do not receive, the regular absentee ballot from their state or territory in time to vote. The FWAB can be used only if the FPCA was mailed early enough to be received by local election officials at least 30 days before the general election. Most states stipulate that the FWAB can be submitted only from locations outside the United States (the United States is defined as the 50 states, District of Columbia, Puerto Rico, Guam, Virgin Islands, and American Samoa). Montana, Virginia and West Virginia have expanded use of the FWAB. Consult Chapter 3 of the VAG for more information. In February 1994, the Navy Aviation Supply Office, Philadelphia, distributed the FWAB Navywide. If FWAB is not received, voting officers may order through the supply officer using stock number 0500-LP-543-5800. This is a no-cost item.

Questions that cannot be answered locally should be referred to Mrs. T.E. Jones, Voting Action Officer, Bureau of Naval Personnel, Washington, DC 20370-5000; DSN 224-3248, (703) 614-3248, or toll-free Navy Voter Hotline 1-800-368-5056. With the exception of Virginia, the Navy Voter Hotline will service CONUS, Alaska, Hawaii and the Virgin Islands.

Story from NAVADMIN 125/94 and BUPERS PAO article

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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